



# **Maricopa County Human Services Report for Gateway Campus**

## **Draft Summary**

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**Prepared by:**

U R B A N



D E S I G N

**for Maricopa County**

## **Maricopa County Human Services Campus for the Homeless Draft Summary & Preliminary recommendations**

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This document has been prepared as an analysis tool for the development of an architectural program for a new campus for human services directed at the homeless population. The information contained in this document is derived primarily from interviews with members of the human service provider community in Maricopa County, specifically, those operating in the core of the City, Downtown Phoenix, as well as from site and existing facility analysis and background research. The focus of this investigation is in the area of the current facilities located along Madison Street around Twelfth Avenue in Downtown Phoenix including Central Arizona Shelter Services (CASS), the Maricopa County Clinic for the Homeless, St. Vincent DePaul, The Downtown Neighborhood Learning Center and other Providers located in the area.

Interviews have been conducted with many departments of the City of Phoenix including Human Services and the Phoenix Police Department. Agencies such as the local office of the Federal Department of Housing and Urban Development have also been interviewed as part of this work.

The campus concept derives from the goal of improving the existing conditions at the existing facilities of the downtown homeless environment. The Maricopa County Clinic for the Homeless, Central Arizona Shelter Services and the nearby St. Vincent DePaul facility all face serious physical issues in their current facilities. As these agencies exist in close proximity and have synergistic relationships in the populations they serve, there is a desire to provide new structures that are designed to work in an integrated fashion. There is substantial existing land at the current site of CASS and the Clinic. An examination of this site has been undertaken to determine a basic program and feasibility evaluation of building a campus gateway facility at the current location in downtown Phoenix.

Two alternative sites have also been considered as possible alternate locations. These provide larger site area and different locations close to the center of the city but out of the core of downtown Phoenix. One is located at Seventh Avenue and Watkins Street south of Interstate 17. This site is near the winter emergency shelter operated by U.M.O.M. for the City of Phoenix and the St Vincent De Paul offices and operation center.

The other site is near Sky Harbor Airport, conceptually located on City of Phoenix property, technically part of Sky Harbor Center. Each site has been examined at a preliminary level. The investigation did not include any environmental, title research, survey or engineering work.

This report does not advocate a site location. It merely takes site conditions including context, into consideration from a site development point of view.

### **Project Purpose:**

*The purpose of this project is to articulate a range of options dealing with the Human Services needs. Three potential case studies have been provided. The site selections have been at the direction of Maricopa County.*

**“City without a Heart”**, read the headline on the cover of a 1983 issue of Newsweek magazine, over a photograph of Tent City in Downtown Phoenix. The eventual response to the cover story was the creation of CASS and the Madison Street corridor of “homeless and human services providers”. More than Twenty years later, the population of Maricopa County has exploded in growth while the conditions for the homeless of the valley have remained marginal at best. Estimates range between ten and thirteen thousand people classified as homeless in Maricopa County. According to authorities, those numbers have remained fairly stable over the past decade and that number is neither significantly increasing or decreasing at this time.

Indeed “Homeless” is not a very accurate term for the populations that live in and around the west side of the downtown core located between the State Capitol and the sports, entertainment, city, county and federal governmental centers.

The Homeless are the jail and prison release population, the seriously mentally ill, the substance dependent and dual diagnosis - mentally ill and drug or alcohol dependent population, victims of domestic violence, undocumented immigrants, women and men, whose issues often include the lack of a home, but whose fundamental needs extend beyond the requirements of a dwelling unit. Many of these people are on the street, day and night in downtown Phoenix, some by choice, others not. Interspersed in the street population are people seeking day



labor, others selling drugs and prostitution.



Many of the men and women have a drinking or substance problem and lose jobs, spiraling into a cycle of abusive conditions. Women

get evicted and find themselves in need of shelter and support. The mentally ill are,

by default, housed and cared for at existing facilities or not at all. They are out in the urban fabric, in the alleys and on the street corners. They often are incarcerated, put in jail then released back to the street. Those assigned to CASS, many times with little or no identification, an essential element needed to rent a room and begin a reintegration process, are sentenced by default to reside at CASS for months or longer. CASS is functionally an extension of the jail and prison system in Arizona.

Immigrant populations utilize existing facilities as a means of support in the transition into a new country. While finding new work, supporting the new economy in the United States, this population has shown a distinguishable pattern of increase in response to border issues in other States. These people are commingled with the other homeless mentioned above.

Public policy issues have been debated for the past twenty years or longer and they will no doubt continue on. There is now a sense that this is an unprecedented time. There is a desire to cooperate across lines of debate and interest to improve conditions for this County and the State of Arizona. There is a real need for systemic change and regional scale solutions. There is a real need for a focused solution for Downtown Phoenix, the County Seat of Maricopa. The wider solutions are being addressed in many circles. The focused issues of downtown Phoenix are specifically addressed in this study. It is essential that this "Gateway Campus", integrated services concept link to and integrate with the continuum for the entire County and State.

### **Downtown Phoenix**

The Twenty first Century now sees downtown Phoenix as a revitalized center of business, government, sports and entertainment and residential uses. Few would argue with the success of the revitalization of the core of Phoenix over the past two decades. There is now a sense that the revitalized core of the city is now face to face with the human services facilities and the homeless population. What was previously out of site and out of mind is no longer the case.

By default, there is a homeless campus in downtown Phoenix. The collection of buildings that serve the homeless population were never built for the purposes that they now serve and most are in various stages of disrepair. Some of the existing conditions are dangerous for the staff and the clients. Rather than rebuild separate, uncoordinated facilities in disparate locations, there is general agreement that a coordinated campus model may better serve the client population and the surrounding community at large.

The "homeless" remain in Downtown Phoenix along with a substantial street population of people who congregate around the services provider core between Jefferson and Grant Streets, the court-jail area around Central Avenue and

Madison Street, west to Sixteenth Avenue. Migrating beyond these boundaries, along the railroad corridor and through the industrial areas and adjacent neighborhood allies and streets, the “homeless” are visible and living on the edge. Some of the street people of downtown Phoenix are not shelterable in the strictest sense of the term. For those who chose to live on the street and will not participate in the basic requirements of the existing CASS shelter, there is still a need unmet for the downtown communities. This population is referred to as needing a “low demand” environment. The need to have a reasonable place for this low demand population is very real for the downtown community and indeed the entire County.

There is need for a low demand shelter somewhere in the proximity to the campus but not in the gateway campus. There is no such capacity in Maricopa County at this time. The facility that is described in the gateway/campus model is an emergency shelter with higher demands upon the clients than in a low-demand shelter environment. As part of the continuum, this piece should be provided and operated to serve this narrower band of the full spectrum of homeless populations.



Existing Central Arizona Shelter Services Building (CASS), men's and women's shelter at 1209 W. Madison Street.



Downtown development is now face to face with the homeless population. On Madison Street, existing homeless facilities are adjacent to the sites of new County office buildings.

## PROGRAM

Taking the concept of the gateway campus to the next level requires a better understanding of the space and physical needs of the various operations that might become a part of the campus. The following section deals with these aspects of the campus.

The basic elements of the campus considered as components include the following:

- The site
- A Shelter component
- A Healthcare component
- A Food service element
- A Job training and workforce reentry facility
- A Police substation
- Administrative capacity
- Outdoor area suitably designed to prevent vagrancy

Details pertaining to specific requirements and goals for each of these elements are provided with particular emphasis on the site, the shelter component and the healthcare facility.

The challenge for downtown Phoenix is to enable a process that brings together a multiple service provider and multiple facility ownership pattern in an integrated services model, physically constructed as a campus, ideally on one site. The public sector includes Maricopa County which owns the land and the CASS building as well as land immediately north of the CASS site, currently used for parking. The County also owns and operates the Clinic for the Homeless. The City of Phoenix owns the land immediately to the south of the CASS site and is one of the significant funding agencies for the annual operation of CASS . The City of Phoenix Police department provides the bulk of law enforcement and is often the first line of service provided to the homeless. Other law enforcement agencies, such as the State Capitol police force also contribute. The State is responsible for funding mental health services. St. Vincent De Paul is the primary lunch provider along with supplemental support in the form of clothing and other assistance. Andre House, located to the east of the CASS complex on Twelfth Street is the primary dinner provider in the area. A host of subcontractors provides an assortment of services such as dental care at CASS, case management at the clinic and CASS, mental health services through both. The Downtown Neighborhood Learning Center, a separate non-profit agency, provides basic skills and job training to the homeless and others.

The challenge to integrate these various entities into an amalgamated campus following an integrated services model is no small task. A significant contribution will need to come from the private sector to maintain the integration and fund the annual operations of some facility functions. To begin, this report suggests focusing on the shelter and health care component, integrated with at least one of the food and support providers, such as St. Vincent De Paul, a provision for law enforcement and a skills training component. These would form the basic constraints of a “Gateway Campus” that could accommodate additional increments which may be added to the overall program.



Existing CASS site – View from Southeast



## PROGRAM – Healthcare Clinic for the Homeless

This is presented as an analysis tool for the development of an architectural program for a new clinic to be integrated into a potential campus for human services directed at the homeless population. The information in this section comes primarily from interviews with Annette Stein and some members of her staff and evaluation of the existing conditions of the current facility located at Madison Street and 12th Avenue in downtown Phoenix. Interviews with Mark Holleran of Central Arizona Shelter Services (CASS) and Phoenix Police Department officials have also been used in some cases.



The clinic administers medical and related services to the homeless population, which includes a diverse range of special needs treatment including patients with: mental illness, substance dependency, respiratory and cardiac disease, injuries, dehydration and heat related effects, STDs, and many other ailments. Estimates vary between 10,000 and 13,000 homeless people in Maricopa County. The clinic sees about half that population. There are about 4,000 charts or clients seen per year at the clinic with about 20,000 encounters.

The current building pad occupies approximately 8,000 square feet and has a net interior space of 6,500 square feet on two floors at 3,250 square feet per floor. The operations of the facility maximize every foot of space to a point beyond efficiency. Hallways and closets are used for clinical purposes, and these uses cramp the space provided.

### Physical Conditions and Needs

#### *Existing Relationships*

- The clinic operates on about \$1 million per year on a grant provided by the federal government. The county takes about 16 percent overhead, and the rest pays for staff and operation of the clinic. Other than minor support for some utilities, the county puts no additional funds into the clinic.
- According to the staff, the operation saves the county money overall by seeing patients who would otherwise be put into the county hospital at a much higher cost. Some patients need respite care or stay overnight. CASS has reserved about ten beds a night in the shelter for this purpose. This de



facto hospitalization is provided at an average patient cost of \$7.95 per bed, per night.

- There is a symbiotic relationship between the clinic and CASS. These two operations could effectively be under one roof. Relocating the clinic would devastate the operations of CASS. From the client perspective, the services are all under one roof. The clinic and CASS have established a cooperative model of collaboration.
- Outreach is an essential part of the work of the clinic. The staff operates countywide.
- The clinic provides care for up to one year after the patient is housed.
- Other hospitals “dump” patients at the clinic.
- The clinic does not take appointments but operates on a drop-in basis.

#### ***Building/Facility Needs, General***

- Security systems are nonexistent with the exception of a security guard from the Sheriff’s Department that patrols the site and the adjacent CASS property.
- Lighting needs to be improved throughout the facility.
- There is only one restroom in the waiting area.
- The air system has no plenum separation. There should be a separation of the systems because of disease and contagion situations that periodically may exist in the clinic.
- The existing basement floods on occasion.

#### ***Building/Facility Needs, Administration***

- The clinic operates from 7:30 a.m. to 4:30 p.m. Monday through Friday. There is a need to have more extensive hours to serve the needs of the population in the evenings and weekends.
- Other functions include case management; lab, food, and clothing provisions; laundry; and medicine.
- There is a need to connect social services to medical services. For example, case workers are often engaged in reconnecting clients to relatives in other locations, finding them supportive housing, or many of the other required social services.

- The facility also has a teaching function. There is a need for a teaching room or area.
- There is a need for six staff workrooms with privacy, phone, and data connections.
- There is a need for a break room. Both staff and volunteers would use this area.
- There is a need for translators.
- Staff from the clinic drives patients to other locations for treatment if they have insurance, need emergency room treatment, or mental health treatment. Emergency rooms used include the Veteran's Administration hospital and the Phoenix Indian Center. As such, there is a need for vehicular access to the clinic for transport vehicles, which may be automobiles or vans. There is a need for a dedicated van.
- There is an ideal need for about thirty-five parking spaces, although only about five vehicles are directly associated with the clinic. Volunteers and affiliated visitors use the rest. Most patients don't own a vehicle that requires parking.

#### ***Building/Facility Needs, Medical***

- The clinic has about 4,000 charts per year. There are repeat clientele. There are about 20,000 encounters with patients per year.
- There is no triage room. Mentally ill patients require privacy and should be separated, as should contagious client conditions such as TB patients.
- There is a need for a nursing station with phones. Ideally there would be three stations configured in the clinic. There is a privacy need for nurses. There is a need for soundproof phone dictation.
- There is a need for a charting area, where stand-up work can be conducted.
- There are only four examination rooms.
- Examination rooms have no area of refuge for staff; visibility is poor, and there are no panic buttons. The location of sharp objects is not ideal.
- There is a need for a sink in each examination room.

- There are no beds at the clinic. There is a need for fifteen beds, ten for men and five for women for respite care. One suggested concept is to locate this area on a second floor of a new clinic facility.
- There is a need for a shower that is ADA compliant.
- The laboratory is used for blood work: phlebotomy and microscopy.
- Specimen sampling occurs in the bathroom.
- There is an on-site pharmacy that operates from a closet. There is a need to provide this service on-site in a better way, with a secured, locked medicine closet and a storage and distribution area. Prescriptions are not written; they are put into the medical chart.
- There is no radiology on-site. There is a need for an on-site radiology function for the clinic.
- There is a need for dental services for the clientele.
- There is a need for vision services for the clientele.

### ***Building/Facility Needs, Psychiatric and Social Service***

- The clinic functions as an on-site psychiatric clinic, though in a default position.
- About 60 percent of the patients are mentally ill and about 80 percent have a substance abuse condition.
- There is a need for at least two private offices for psychiatric functions.
- There is a need for a social service triage area.
- There is a need for three caseworker areas, each with privacy.

### **Needs Response**

There is a desire to double the size of the existing facility to about 16,000 gross square feet. This would allow the clinic to serve about 100 patients per day in an environment that is not cramped and could better serve the needs of the clientele, staff, the downtown Phoenix area, and Maricopa County. If one presumes a construction cost of \$150 per square foot, the overall cost would be around \$2.5 million without land and site development costs.

One way of addressing clinic needs is to construct a stand-alone building as currently exists. An alternative may be to combine the space and system requirements with a new shelter building or other structure.



Existing Maricopa County Clinic for the Homeless

## **PROGRAM—Shelter Component/Central Arizona Shelter Services (CASS)**

(Based on the existing Central Arizona Shelter Services building for the Homeless)

The shelter component of the project relies heavily on its integration with other elements of the campus. This includes, among other things, the medical facilities and caseworkers from other agencies outside of CASS.

The method used herein to determine a preliminary program combines an analysis of existing operations for CASS and interviews with the management of the facility. The presumption is that CASS would remain the operator/ manager of the shelter component of the gateway campus, although that is not necessarily a requirement for the physical elements listed in the program.

### **Shelter Requirements**

Physical elements may change if another operator/manager were to have responsibility in the gateway campus for the shelter component.

### **Goals, Needs, and Facts**

#### ***General***

- Size: 60,000 gross square feet is the working assumption for a facility to serve 400 people, the current amount served by CASS.
- The net area is about 45,000 square feet.
- The current facility operates on a budget of approximately \$3 million annually with a contribution of \$180,000 from Maricopa County and \$700,000 from the City of Phoenix.
- It is desirable to have a divided air system with plenum separation and filtration for staff and meeting areas, and the sleeping and living quarters.
- The shelter facility should have staged incentive environments, which serve the fundamental needs of the client but are not so attractive as to extend residency beyond the minimal time of need. A basic bare bones entry environment for initial residency would be separated from an area that had more features as an incentive for clients to stay on their case management programs
- The facility must be integrated with the health clinic because of the needs of so many of the population at the shelter

- The facility would serve a maximum population of 400 people
- The existing CASS building is a two-story structure served by stairs and elevator. If renovated, the elevator should be upgraded
- There is a need for air-conditioning for the entire structure
- There is now a dental unit provided in a trailer on site. A permanent structure may be provided either as a clinical element associated with the clinic or as a separate stand-alone unit of about 1,500 to 2,500 square feet.
- There is a need for bicycle storage.
- There is a need for on-site security. A police substation in close proximity as an element of the campus should be considered.

### ***Client Facts/Needs***

- Men and women should be separated
- At least three separate reception areas of about 500 square feet each for
  - Men, general population
  - Working men
  - Women
- Need about 225 beds for entry-level men
- An incentive area for about 75 working men
  - The working men's area should include a separated cubical system with minimal storage area for personal items
- Need about 75 beds for women, half of whom are working
  - The women's area should include a separated cubical system with minimal storage area for personal items
- Separate bathrooms for
  - Men: 12 stalls, urinals, and sinks
  - Working men: six stalls, urinals, and sinks
  - Women: eight stalls and sinks
- Gang shower to serve 12 men with privacy screens +/- 400 square feet
- Eight private showers for the working men's area
- Minimum of eight private showers for the women

- Small laundry room for working men and a separate women's area
- Three separate day rooms containing vending machines, tables, and video equipment
  - Men's day room estimated at 2,500 square feet
  - Working men's day room estimated at 1,000 square feet
  - Women's day room estimated at 1,000 square feet
- General storage of client's affects locker room/area of 800 square feet subdivided by population—men, working men, women
- A substantial enclosed outdoor area that is well shaded of about 10,000 square feet, which may be subdivided by three separate population groups. The area needs trees, paths, seating, tables, perhaps a water feature and a shade structure

### ***Administration Facts/Needs***

- Office space for administration
  - Administrative needs include
  - Shelter operations estimated at 4,000 square feet
  - Staff lounge estimated at 1,000 square feet
  - Caseworker area estimated at 3,500 square feet subdivided for
    - Behavioral health
    - Substance abuse treatment
    - Family service center
    - Veteran's affairs
    - Corrections: prisoner reintegration program area
    - Immigrant population needs
- Four separate restrooms for staff men and women of two stalls and sinks each with two urinals for the men's rooms.
- Larger facility laundry room
- Large conference room of about 1,000 square feet
- Potential need for six smaller conference rooms at 100 to 150 square feet
- Storage of office supplies of 500 square feet
- Storage of supplies for the clients of 2,000 square feet
- Small kitchen in the shelter for staff and incidental cooking needs



- Maintenance shop of about 1,000 square feet



View to North of CASS and Phoenix owned land from Harrison Street. Master Plan concepts show potential expansion in this area for the Gateway Campus.

## MASTER PLAN CONCEPT

**Goal: Clean up the Capitol Mall area and improve conditions for all parties affected.**

Nearly all observers agree that there is a tremendous need to improve the physical and social conditions of the portion of the Capitol Mall and downtown Phoenix known by default as the homeless area. Beyond that agreement, the consensus on how to improve the problem begins to diverge.

### **Concept**

- **Campus:** *A holistic approach using the integrated services model.*  
A concept has emerged based upon thorough research and a review of best practices in other communities that an integrated facilities approach is required to improve the existing, uncoordinated, multiple entity service provider regime that exists in downtown Phoenix. The idea has been called a campus concept, though it may be called a community center or other names. The essential idea is for independent and varied service providers to coexist in a coordinated fashion and to deliver services in a well-designed setting, which is managed in a coordinated fashion that allows the independent entities to retain their identity and impact the surrounding context of the urban fabric in benign ways, much like a campus environment.
- **Gateway:** Triage population to “Supportive Environments”  
A modified version of the campus concept envisions a facility that acts as a portal to remote community centers, facilities, and services. The gateway idea responds to concerns that the supportive service environments offered to the needing population may not necessarily need to exist in the location where generators of the homeless are found. Specifically, the notion of rebuilding an expanded campus in downtown Phoenix may or may not be desirable. In the event that the new campus is not located in the immediate downtown area, the generators of the homeless population, such as prison and jail releases, and the proximity to low-income neighborhoods, public housing, and known drug and prostitution corridors will remain, and consequently, the populations may tend to accumulate on the street much like they do today. To address these sources, a smaller facility may need to remain in the area. A gateway may have a smaller residential component.

## SITE STUDIES

The following diagrams represent an initial approach to the campus concept. One shows existing conditions. Three examples are on the existing site. The fifth drawing shows the campus on a larger site at Seventh Avenue and Watkins Street, and the sixth drawing shows the campus at a site near the Phoenix Sky Harbor Center. All sites have been suggested for study by Maricopa County. Each has attributes and constraints. A brief summary of these sites and an evaluation is provided.

### SITE SUMMARY—PROS/CONS

Concept I — Downtown Phoenix	Concept II — Downtown Phoenix	Concept III —11th Avenue/Watkins	Concept IV —Sky Harbor Site
Shelter with 400 beds: min 60,000 sq/ft, three floors	Shelter with 400 beds: 60,000 sq/ft, three floors	Family shelter, Community center, Supportive housing	Shelter with 400 beds: min 60,000 sq/ft, three floors
Auxiliary Shelter with administration: 5,300 sq/ft	Auxiliary shelter with administration: 8,100 sq/ft	Emergency shelter, Emergency men's shelter	Auxiliary shelter with administration: 5,300 sq/ft
Health Services serving 100 patients/day: 16,000 sq/ft two floors	Health Services serving 100 patients/day: 10,000 sq/ft	Clinic, Emergency medical	Health services serving 100 patients/ day: 16,000 sq/ft two floors
Learning/skills center, two floors = 30,000 sq/ft	Learning/skills center, two floors = 24,000 sq/ft	Learning/skills center, Multipurpose open space	Learning/skills center, two floors = 15,000 sq/ft
Food service: 12,100 sq/ft	Food service: 12,100 sq/ ft	Food services, Offsite	Food service: 12,100 sq/ft
Police and supportive services: 8,000 sq/ft	Police and supportive services: 6,400 sq/ft	Offsite existing structure	Police and supportive services: 8,000sqft
Current parking: 1:700 S.F.	Current parking: 1.750 sq/ft		Current parking: 1:490 sq/ft
Available parking: 171 spaces	Available parking: 158 spaces		Available parking: 195 spaces
Future parking: 276 spaces			Future parking: 230 spaces
Maximum parking 1:400 S.F.			Maximum parking 1:420 sq/ft
Total site area: 3.59 acres	Total site area: 3.59 acres	Total site area: 18.5 Acres	Total site area: 9.25 acres
Total building area: 126,000 sq/ft	Total building area: 120,600 sq/ft		Total building area: 96,000 sq/ft
F.A.R. .55	F.A.R. .53		F.A.R. .23

Concept I — Downtown Phoenix	Concept II — Downtown Phoenix	Concept III —11th Avenue/Watkins	Concept IV —Sky Harbor Site
<b>PROS</b>			
Existing location established in the community	Existing location established in the community	Close to existing facilities at Watkins	Central location near Van Buren corridor services
Existing CASS shelter and County clinic buildings can be rehabilitated	Existing CASS shelter and County clinic buildings can be rehabilitated	Out of Capitol Mall area and Downtown core	Out of Capitol Mall area and Downtown core
Supports other services located in the area	Supports other services located in the area	Near site of existing overflow shelter	
Serves the downtown core of the urban complex and its populations	Serves the downtown core of the urban complex and its populations	Close to core	Close to core
Renovation of two buildings may be possible			

<b>CONS</b>			
Downtown core businesses and Capitol Mall area residents object to presence of the homeless	Downtown core businesses and Capitol Mall area residents object to presence of the homeless	Land acquisition costs	This site had been suggested as an alternative location by Maricopa County
Proximity to new development in area is a concern	Proximity to new development in area is a concern	Zoning approval and entitlement	There are some fundamental concerns about the proximity of this site to the airport.
Existing facilities may be impacted by construction activity	Existing facilities may be impacted by construction activity	Perception of "homeless" impact adjacent neighborhoods	Potential conflicts may exist at this site if the use is considered a residential use
Requires additional outreach and enforcement activity for success	Requires additional outreach and enforcement activity for success	Cost may be most expensive alternative	Residential uses are discouraged in this location due to noise levels from planes landing and taking off.

## COST PROJECTIONS (estimated)

**Potential Costs:** *All figures listed below are estimated preliminary in nature and subject to change.*

- Shelter for 400 beds including the elements listed
- \$12 million capital cost
- \$4.6 million annual operating costs
  
- Health Clinic for 100 patients/day
  - \$2.6 million capital cost for a 16,000 gross square foot facility, twice the current size and assumes a \$125/ square foot. Construction cost with a premium for the addition of a radiology component
  - \$2 million annual operating costs or \$84.00 per encounter for an estimated 24,000 encounters (a 20 percent increase over current levels served by the homeless clinic)
  
- Food Service for 1,000 people/day
  - \$2.3 million dollars capital cost (based on St. Vincent de Paul facility plan prepared in 1995 in 2000 dollars)
  - \$300,000 annual operating cost (food is not factored in and is not a line item due to donations and other factors)
  
- Transitional housing for 60 dwelling units and common areas
  - \$1.9 million capital cost
  - \$400,000 annual operating costs, of which \$100,000 is depreciation
  
- Police substation
  - Renovation of existing county clinic building: \$1 million
  - New construction, inclusion in shelter facility, 5,000 square feet @ \$120 square foot: \$600,000
  
- Job training facilities and programs
  - 30,000 square feet: \$3 million
  
- Site development cost
  - Parking, landscape perimeter security, right-of-way improvements: \$1 million minimum. Varies widely depending on actual site.
  
- Land cost: This factor applies directly to the land for the Seventh Avenue and Watkins site
  - Assuming a total gross area need for these facilities at ten acres and a land cost at \$5.00 per square foot; land would cost \$2,178,000.

- Cost for land at the CASS and Sky Harbor sites are not deducted from the aggregate cost.
- The City of Phoenix owns the land at the Sky Harbor site and may contribute it to the project.
- The City of Phoenix and Maricopa County own the land at the current CASS site and may contribute the cost to the project.

### **Preliminary Probable Cost Subtotal**

Initial **capital costs** for the above listed items, the aggregate costs are around **\$25 million**. This figure may change as more information is gathered. **Annual operating costs** for the above with the exclusions not determined at this time are about **\$7 million annually**.



A new Campus environment would be an improvement for the downtown area

## RECOMMENDED POLICY ACTIONS

### Supplemental Programs

There is strong evidence to suggest that the “homeless” problem on the streets of downtown Phoenix is not simply the residents of CASS. There are systemic reasons that give rise to the homeless populations that accumulate in the core of Phoenix and elsewhere throughout the metropolitan region. Many experts believe that even if physical conditions are improved or relocated, the underlying generators of the homeless population would continue to cause a substantial population of people living on the street. There are three primary areas that providers and experts point to as systemic failures, which result in the so-called “homeless.” These are:

1. Lack of adequate mental health funding and treatment programs in Arizona
2. Lack of substance abuse programs
3. Inappropriate corrections policy that fails to accommodate reintegration factors after prisoners are released from jail and prison

In response to these items, the listing below attempts to articulate the funding needs for these areas. Spatial needs and administration operations have yet to be analyzed.

- Mental Health: \$265 million for 2001 and \$310 million thereafter. This number derives from Arnold vs. Sarn case that set the funding for mental health services in Arizona at \$310 million dollars, less the \$45 million dollars appropriated in 2000.

An additional consideration is to establish a mental health court program in the justice system in Maricopa County and the jurisdictions operating in the county. Seattle and Miami have similar programs and have been very effective. “Patients” are directed towards appropriate supportive services not necessarily sentenced to jail or prison.

- Substance abuse programs: \$ Undetermined at this time
- Corrections program: \$ Undetermined at this time
- Transportation systems. This may include public transit but also private, secured, and supportive transportation systems for certain sectors of the population: \$ Undetermined at this time



## PRISON/JAIL RELEASE TRIAGE CONCEPT

Consider taking the prison and jail release populations out of the homeless shelter completely and redirecting them to purpose-built facilities located at sites not at the gateway campus. These transitional housing facilities would have specific support services needed for this population. The size of this facility may vary but could potentially serve a population of not more than one hundred people at a single location. Potential locations have been discussed for this type of “transitional housing”. A location has not yet been determined.



The homeless population congregates daily in this location north of St. Vincent de Paul along Washington Street and transported to the Winter Overflow Shelter on Watkins.

## RELATED ISSUES

The location of the downtown shelter, clinic, and related facilities is at the center of debate for members of the downtown community. The revitalizing core is now face to face with the human services providers on Madison Street. Some believe the facilities should be moved out of downtown. Others feel that the downtown site is the appropriate area to build a new gateway campus. All parties seem to agree that the current conditions must change.

The presumption that moving homeless providers out of the downtown core will eliminate the street population of downtown may not be substantiated. Moving CASS to an alternative location to achieve this goal may not solve the downtown problem unless other provisions are made. People on the street are not just homeless and may remain.

There is an overall desire to enable the homeless population to flow through the continuum of care and housing from emergency shelter to transitional shelter to permanent, supportive housing. Well-run facilities will improve the situation. It is possible with these actions that capitol investments and well-designed facilities will improve the situation. 30 to 35 percent of CASS residents have jobs.

### **To Help Eliminate Street Population, Consider**

- Fund and expand mental health programs and facilities in Arizona by \$265 million this year and \$310 million every year
- Fund and expand substance abuse facilities
- Fund and expand outreach programs
- Change prison release policies (CASS is an extension of the prison/jail system)
- Provide support to the poor in alternate locations.
- Low wage families and immigrant populations are elements of the workforce upon which the local economy depends. They use facilities such as Andre House, county clinic, and the DNLC
- Consider a model that is named a “Community Center” not a campus

### **Provide Additional Supportive Housing**

This will serve the ultimate goal of transitioning people out of homelessness and serve in the goals of the service provider community and the downtown business, government, and neighborhoods by deconcentrating the population. The “Steele Commons” model operated by CASS has been very successful. This report recommends the development of at least four similar supportive housing facilities at various locations in the metro region to reduce the street population in downtown Phoenix.

## LOW-DEMAND SHELTER

The need for a low-demand environment has been consistently stated as a requirement for Maricopa County. There is not one in the Valley. A low-demand facility is a place with few rules, thus the term low demand meaning low demands upon the client. This low-demand shelter should consider the needs of this community and be provided above and beyond the downtown gateway campus. It should be linked operationally to the campus. According to service providers, it should be built to serve about 400 clients on a daily basis and must have supportive services for case management and emergency care onsite. It does not require the full-blown service structure envisioned for the gateway campus.

The Winter Emergency Overflow Shelter is currently operated on a contract for the City of Phoenix by UMOM. It has been in operation for twelve years, since 1989.

At the time of its original development, the City of Phoenix reached an agreement with the adjacent property owners and stipulated conditions for limited usage of the facility strictly as an overflow shelter.

One concept, proposed by those who serve the homeless, suggest that the "Watkins" facility might become the low-demand emergency shelter. In this case, it would be necessary to deal with the zoning and operational issues of the shelter with the adjacent property owners.

If this facility could not be utilized, the need for a 400-bed facility will still exist. Those 400 or so clients will be out in the urban fabric, every night, taking shelter wherever they can.

The City of Phoenix 2001 bond program includes provisions for at least one regional homeless shelter designated at 200 beds. The estimated cost projected for the projects include land and soft costs in addition to construction. The amount is \$6,900,000 each. The annual operating budget request for each is \$2.3 million dollars. The location is not stipulated nor are the exact types of shelters. However, it is implied that these facilities would not be built in the core of downtown Phoenix, that they would be additive to the existing continuum and support the notion of decentralization. The bond election is March 13, 2001. If it passes, it would be important to coordinate any efforts to construct a gateway campus project with a new regional shelter.

A fundamental question arises regarding the notion of stand-alone shelter facilities. The general consensus among most providers is that an integrated system of support is required to be effective in moving clients through the continuum rather than warehousing the population. Therefore healthcare,

counseling, food service, skills training, learning and employment opportunities, case management, and transportation must be integrated into the shelter component. It is not clear if the Phoenix bond funded shelter project is intended to be a stand-alone shelter or if it can be combined with an integrated service model as proposed by the gateway campus model.

The location of the downtown site, in the existing Capital Mall District, has been an ongoing discussion with some arguing that the presence of the facilities is a magnet and attracts the street population. Others argue that the population will migrate to the downtown area regardless of the presence of the shelter and associated care facilities. This argument has been used successfully over the past decade to maintain a stalemate in the physical condition of the area. It is possible that the debate will continue. Now that the Phoenix bond issue has passed, it may be desirable to rebuild a shelter in a location other than downtown as opposed to rebuilding a better facility and gateway campus at the downtown location. One possible point of compromise may be to reduce the total number of beds at the downtown site to something less than 400, the number currently existing at CASS. This lost capacity would have to be made up elsewhere in the county, ideally in smaller supportive housing environments such as Steel Commons, the 60-bed supportive housing development on Grand Avenue operated by CASS.



13<sup>th</sup> Avenue at Madison Street – CASS site

## COMPROMISE CONCEPT

- Reduce the size of the shelter capacity at its existing location from 400 beds to 200 beds and construct the integrated services model at the Madison and 12th Avenue site. Expand the health clinic to 16,000 square feet. Increase area law enforcement and county clinic outreach services to eliminate the “on-street” population.
- Construct at least four other supportive housing—integrated services facilities, similar to the Steele Commons model at sites distributed throughout the metropolitan area. These facilities would be linked to the Campus, through an operational network that allows clients to move through the continuum from emergency shelter to the gateway campus into these smaller supportive housing locations. From these sites, the clients would either eventually obtain permanent housing or remain in these supportive programs.
- Integral to the compromise concept is a commitment to the triage of prison and jail release populations to a separated, transitional housing program.
- An additional consideration is to establish a mental health court program in the justice system in Maricopa County and the jurisdictions operating in the county. Seattle and Miami have similar programs and have been very effective. “Patients” are directed towards appropriate supportive services not necessarily sentenced to jail or prison.

